

ZIKA SPECIMEN REQUIREMENTS

The CDC **Trioplex Real-time RT-PCR** (Triplex rRT-PCR) and the CDC **Zika MAC-ELISA** assays are both available at the Montana Public Health laboratory.

Zika Virus Everett, sTrioplex PCR

(Use this one if the date of onset is less than 14 days)

Specimen Requirements: 2 mL serum (gold or tiger top) and 1 mL of urine

Write **Zika Virus Screening Test** and the **Date of onset/exposure** in the comment section of the MTPHL requisition form. Also include the **Zika Suspicion Checklist**.

Turn-around Time: Zika PCR testing is performed and resulted within 48 hours after receipt of the serum/urine specimens.

CPT Code: 87801

Price: \$175.00

Transport Temperature: 2-8°C

Zika MAC Elisa IGM *(Use this one if the date of onset is between 14 days to 12 weeks)*

Specimen Requirements: 2 mL serum (gold or tiger top)

Write **Zika Virus Screening Test** and the **Date of onset/exposure** in the comment section of the MTPHL requisition form. Also include the **Zika Suspicion Checklist**.

Turn-around Time: Zika MAC Elisa IGM serology testing takes approximately 3 days to complete and is resulted on Fridays. Specimens that test positive or equivocal are referred to the Centers for Disease Control for confirmatory testing by PRNT. A \$27 send out fee may apply.

CPT Code: 86790

Price: \$80.00

Transport Temperature: 2-8°C

***Important Note:** For Pregnant women, send both serum and urine specimens, regardless of date of onset or exposure.

Additional ZIKA Information

Please see our website for some useful documents about Zika, including the **Zika Suspicion Checklist** that is required with all Zika specimens. <http://dphhs.mt.gov/publichealth/LaboratoryServices/WhatsNew>

Save the Date!!

MTPHL will be hosting a biosafety workshop, "Clinical Laboratory Work Practices and Procedures", September 12 and 13th at the Hilton Garden Doubletree (formerly Crown Plaza) in Billings, and September 15 and 16th at the Holiday Inn Downtown in Helena. Registration will begin at 8:00 AM on the first workshop day, and the program will conclude around 4:30 on the second. We encourage laboratory technical staff, management, and occupational health staff to attend, and we will provide P.A.C.E. credits. Registration is FREE and travel support will be provided. Additional information has been distributed, and is available on our website:

(<http://dphhs.mt.gov/publichealth/LaboratoryServices/WhatsNew>).

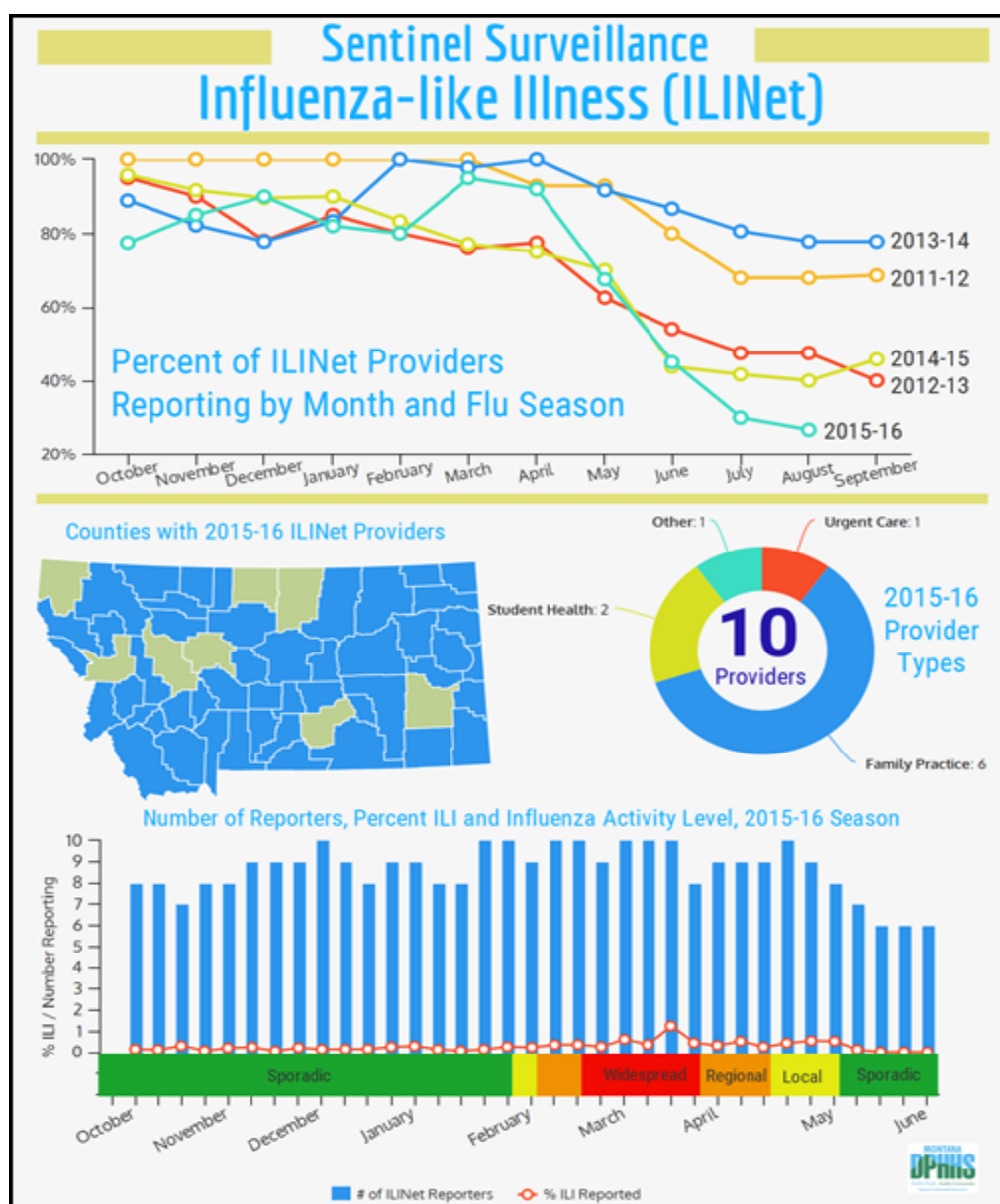
If you would like additional information, please contact [Crystal Fortune](mailto:Crystal.Fortune@mt.gov), 406-444-0930.



Montana Communicable Disease Weekly Update

Release date: 8/26/2016

Infographic of the Week: The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) is a national system that conducts surveillance for Influenza-like illness (ILI) in outpatient healthcare facilities. ILI is defined as a fever ($\geq 100^{\circ}\text{F}$), cough, and/or sore throat without a known cause other than influenza. Ten providers in eight Montana counties participated in ILINet during the 2015-16 influenza season. Starting in October, providers reported the total number of patients seen for any reason and the total number of patients seen with ILI to calculate the % of ILI. Peak % ILI occurred in March 2016 at the same time as influenza activity was described as widespread in Montana.



To download and print a high resolution pdf version of the infographic, or to view the archive of weekly infographics, please visit the [CDEpi infographics page](#).

DISEASE INFORMATION

Summary – MMWR Week 33 – Ending 8/20/16 Preliminary disease reports received by DPHHS for the reporting period August 14–20, 2016 included the following:

- **General Communicable Diseases:** Elevated blood lead (1)
- **Enteric Diseases:** Campylobacteriosis (8), Giardiasis (2), Salmonellosis (3), Shiga toxin-producing *E. coli* [STEC] (1)
- **Vaccine Preventable Diseases:** *Streptococcus pneumoniae* (1)
- **STD/HIV:** Chlamydia (77), Gonorrhea (10), Syphilis (0), HIV* (0)
- **Hepatitis:** Hepatitis B, chronic (1), Hepatitis C, chronic (23)
- **Zoonotic diseases:** Zika virus disease† (1)
- **Animal Rabies:** (2, bats)
-

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

† Case is acquired outside of Montana

NOTE: The attached report has multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) STD cases for the past reporting week; (4) clusters and outbreaks; and (5) a quarterly HIV/STD summary.

HOT TOPICS

West Nile Virus (WNV): DPHHS has issued a press release on West Nile Virus activity and prevention. The release can be found at <http://dphhs.mt.gov/AboutUs/8-25-16firstcasesofwestnilevirus>. At this time, Dawson County is the area impacted most, reporting three human cases of West Nile Virus in addition to one horse. Although Dawson County could be considered a hot spot and eastern Montana tends to be where we frequently find the virus, any areas of the state could be at risk. Avoiding mosquito bites is the best advice to offer to the public.

Approximately 90% of cases diagnosed historically are in August and September. Please remind providers of the need to consider WNV as part of their differential diagnoses.

More information, including a map of the impact of West Nile Virus in Montana, can be found on our website: <http://dphhs.mt.gov/publichealth/cdepi/diseases/westnilevirus.aspx>

Zika Virus Disease: Testing for Zika continues with six travel-related cases diagnosed in Montana. It needs to be reinforced that Montana and surrounding states do NOT have the mosquito vectors that transmit the virus. Travelers to Zika affected areas do need to be concerned and should take precautions to avoid infection and transmission of the virus. Please keep the link to our Zika webpage handy (<http://dphhs.mt.gov/publichealth/cdepi/diseases/ZikaVirus>) which contains recent Health Alert Network messages that will help guide providers in how to assess patients for Zika risks. Please be sure to work with your providers to make them aware that we require them to work through local health jurisdictions if they want patients tested. Also, please make sure that the new Zika checklist is used instead of the old one.

Zika confirmed cases – Montana, 2016*

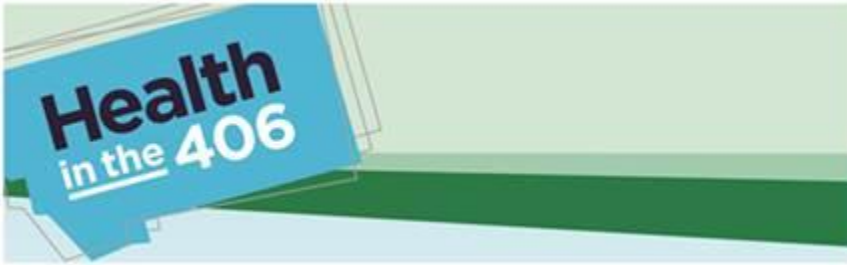
County	Cases
Gallatin	1
Glacier	1
Lewis and Clark	1
Missoula	2
Yellowstone	1
MT Total	6

*Current as of 8/26/16

Influenza Vaccine Recommendations 2016-2017 Season: Today the 2016-2017 influenza vaccine recommendations were published in a CDC [Morbidity and Mortality Weekly Report \(MMWR\)](http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w) dated August 26, 2016.

The report is available at http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w.

INFORMATION/ANNOUNCEMENTS



Health in the 406: Focus on immunizations

- In Montana **approximately 95%** of kindergarteners are vaccinated against [DTaP](#) (diphtheria, tetanus, pertussis), [MMR](#) (measles, mumps, rubella), and [polio](#).
- [School immunization rates](#) are generally high; however [areas](#) exist where immunization rates **aren't high enough** to protect children during an outbreak.
- **All** children in Montana are eligible to receive **low or no cost vaccines** through their health plan or the [Vaccines for Children Program](#).

Share any comments, suggestions or experiences with us at healthinthe406@mt.gov. Follow us on [Facebook](#) and [Twitter](#). To subscribe visit healthinthe406.mt.gov

Communicable Disease Epidemiology Suggestion Box:



To submit a question or comment to the Communicable Disease Epidemiology Section, please click on the suggestion box to access our online form.

Q&A CORNER

Q: I reviewed my quarterly reconciliation report from CDEpi. How is the “provider to local public health reporting lag” calculated?

A: The reporting lag for provider to LHJ notification is calculated using two fields in MIDIS: **diagnosis date** and **earliest date reported to county**.

In order to ensure that the calculation is as accurate as possible, please be sure that you are entering one of the following for diagnosis date:

- Date on the positive lab report
- In the absence of a lab report, the date that the healthcare provider diagnoses the condition (example: chickenpox)

Q: My lag time from provider to local public health is highlighted in yellow. What can I do to improve this?

A: The [Administrative Rules of Montana 37.114.201](#) states that a case of a reportable disease must be reported to the local public health department immediately (within 1 day). This reporting lag is tracked in your quarterly reconciliation report. When you review your report, take a look at the line list. Do you notice any cases where the time lag is greater than 1 day? Are there any similarities with these cases – i.e., are they reported from the same laboratory or healthcare provider? If so, it might be a good time to visit to remind them of disease reporting timeframes. Is it a new provider to your area? Plan a visit to introduce yourself as the liaison to public health and present them with a disease reporting packet, outlining reportable diseases and reporting timeframes. Working together with your key surveillance partners to help them understand their role in public health will hopefully improve the timeliness of reporting to you.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Section is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction’s 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Section. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>